

**HERONSWOOD PRIMARY SCHOOL & PRE SCHOOL  
KIDDERMINSTER**



**INFORMATION FOR SCHOOL RECORDS**

**Please leave no section blank. Write nil or delete.**

There must be included in the School Admission Register in respect of each pupil the name and address of every person known to be a parent. In addition, there needs to be a list of all persons who have "parental responsibility" for each pupil as defined in the Children Act 1989. "Parental responsibility" means having "all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property".

As it is vital that the school has full information on "parental responsibility" in relation to each pupil, you are asked to answer the following questions as necessary.

<b>1. CHILD'S <u>LEGAL</u> SURNAME:</b>	<b>2. LEGAL FIRST NAMES (in full)</b>
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<b>Date of Birth (day/month/year)</b>				<b>All this information should be shown on the above child's birth certificate and a copy provided to the school</b>
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3. If there has been any subsequent change, please explain.	<b>GENDER</b> (Please tick)
	Male <input type="checkbox"/>
	Female <input type="checkbox"/>

**4. Child's Home Address:**

**Post Code:** \_\_\_\_\_ **Home Telephone Number:** \_\_\_\_\_

<b>Full name of person with whom child is <u>currently living</u>:</b>	<b>Title:</b> Mr/Mrs/ Ms/Miss	<b>Relationship:*</b>
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Day Contact Number:	Mobile Number**:
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**Email Address:**

<b>CONTACT PRIORITY: 1, 2, 3 or 4 (please circle)**</b>	<b>Parental Responsibility: Yes/No</b>
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<b>Full name of person with whom child is <u>currently living</u>:</b>	<b>Title:</b> Mr/Mrs/ Ms/Miss	<b>Relationship:*</b>
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Day Contact Number:	Mobile Number**:
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**Email Address:**

<b>CONTACT PRIORITY: 1, 2, 3 or 4 (please circle)**</b>	<b>Parental Responsibility: Yes/No</b>
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\*Relationship(s) to child (e.g. mother, father, grandmother, aunt, foster parents etc.)

\*\*Please note that the School operates a system of communication with parents/carers which allows us to send information via text message. It is important to remember that, for operational reasons, only contact priority 1 and 2 will receive message notification.

Under the terms of the Children Act 1989 certain other people may have what is called by the Act "parental responsibility" for the child. These people may include the child's mother; the father if the parents were married at the time of the birth; the father even if the parents were not married at the time of the birth provided that he has acquired that responsibility by a court order or by means of a document in a proper legal form and agreed by the mother; or a step-parent. The requirements of the Children Act are such that the school will need to know the name and address of everyone who has parental responsibility for the child and to send those people copies of school reports and keep them informed. Accordingly, you are asked to list below any other people who in your knowledge have parental responsibility for the child.

Name	Relationship	Address
a)		
b)		

**5. ADDITIONAL EMERGENCY CONTACTS**  
**(OTHER THAN THOSE ON PAGE 1, SECTION 4)**

**IT IS ESSENTIAL TO BE ABLE TO MAKE CONTACT IN AN EMERGENCY**  
**PLEASE NOTE THAT THE PERSON WHO IS NAMED AS FIRST CONTACT**  
**(PAGE 1, SECTION 4) WILL ALWAYS BE CONTACTED FIRST OF ALL**

*In line with the new General Data Protection Regulations, please ensure when completing this form, that you have the permission of those contacts you wish to include on your child's record, and that those persons are happy for school to store/use their data.*

**Additional Contact (if applicable):**

Surname:

Forename:

Title:

Day Phone:

Mobile Phone:

Home Address:

Post Code:

Relationship:

Parental Responsibility:

Yes/No

**CONTACT PRIORITY: 1, 2, 3 or 4 (please circle)**

**Additional Contact (if applicable):**

Surname:

Forename:

Title:

Day Phone:

Mobile Phone:

Home Address:

Post Code:

Relationship:

Parental Responsibility:

Yes/No

**CONTACT PRIORITY: 1, 2, 3 or 4 (please circle)**

**PLEASE ENSURE THAT IF YOUR CONTACT DETAILS CHANGE, YOU INFORM THE SCHOOL IMMEDIATELY. FAILURE TO DO SO MAY RESULT IN DELAYS IN INFORMING YOU OF AN EMERGENCY SITUATION.**

**6. TRAVEL ARRANGEMENTS – Please tick appropriate box (If bus please state the bus service number.)**

Car

Walks

Public Transport

Taxi

**7. Are there any special circumstances affecting your child (not included on page 3) which you feel the School should know? E.g. Does your child play an active role in regularly caring for other members of your family?**

## MEDICAL RECORD SHEET

**IT IS VITALLY IMPORTANT THAT WE HAVE ALL RELEVANT MEDICAL INFORMATION  
AND ARE KEPT UP TO DATE OF ANY CHANGES TO THIS**

**CHILD'S NAME:**

**Medical Practice:**

**Telephone No. of Practice:**

Please indicate with a tick (✓) which of the following your child may suffer from or wish us to take note of - please give full details where required.

		YES	NO
<b>1.</b>	Does he/she have a sight problem?		
	If yes, is it corrected by glasses?		
	If yes, is it corrected by contact lenses?		
<b>2.</b>	Any colour blindness?		
<b>3.</b>	Does he/she have a hearing problem?		
	When was his/her last hearing test?		
<b>4.</b>	Has he/she had Glandular Fever?		
<b>5.</b>	Does he/she suffer from Hay Fever?		
<b>6.</b>	Does he/she suffer from Asthma?		
	Does he/she require medication in school?		
<b>7.</b>	Does he/she suffer from Diabetes?		
	If yes, give details.		
<b>8.</b>	Does he/she suffer from Epilepsy?		
	If yes, are the attacks frequent?		
<b>9.</b>	Has he/she suffered from Eczema?		
<b>10.</b>	Does he/she suffer from any severe allergies?		
	If yes, give details.		
<b>11.</b>	Has he/she suffered from a kidney problem?		
	If yes, give details and date.		
<b>12.</b>	State any medical problem not listed above, e.g. major illnesses/operation/mental health problems, which may affect his/her schooling, dietary needs such as allergies to nuts or anything you feel we ought to know about.		
<b>13.</b>	Does he/she take any regular medication?	Yes	No
	If yes, give reason(s).		
<b>14.</b>	Is he/she left-handed <input type="checkbox"/> right-handed <input type="checkbox"/> or ambidextrous (both hands)? <input type="checkbox"/>		
	<b>Please tick one box only.</b>		

## ETHNIC INFORMATION

*Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.*

Please study the list below to indicate the ethnic background of your child. Please also tick whether this section was filled in by you or your child.

1. Ethnic Origin (tick one box only)		2. Home Language (tick one box only)		4. Religion (tick one box only)	
White:		Bengali		Christian	
British		Cantonese		Hindu	
Irish		English		Jewish	
Traveller of Irish Heritage		Greek		Muslim	
Gypsy/Roma		Gujerati		Sikh	
Any other White background		Hindi		No Religion	
Mixed:		Italian		Other (Please specify)	
White & Black African		Portuguese			
White & Black Caribbean		Punjabi			
White & Asian		Spanish			
Any other mixed background		Turkish			
Asian or Asian British:		Urdu			
Indian		Other (Please specify)			
Pakistani					
Bangladeshi		3. First Language (tick one box only)			
Any other Asian background		English			
Black or Black British:		Other (Please specify)			
Caribbean					
African					
Any other Black background					
Chinese					
Any other background					
<b>This information was provided by:</b>		<b>Parent</b>		<b>Pupil</b>	

Pupils attend collective worship of a non-denominational style and Religious Education classes as part of the statutory curriculum unless parents specifically request that they be wholly or partly excused. If you wish your child to be excused indicate the extent of withdrawal and give a reason, please.

*I can confirm that in line with General Data Protection regulations, I have permission of the named contacts, to share their data with the school and for it to be stored/processed in compliance with the regulations.*

Date \_\_\_\_\_

Parents' Signature \_\_\_\_\_